

VI. DURABLE MEDICAL EQUIPMENT (DME) FOR OLDER AND DISABLED ADULTS

Current Providers: _____

Funding Sources: _____

Types of DME available: _____

Types of DME that are difficult to access: _____

A. EXISTENCE		
Are these services available to older and disabled adults in your community?		
1. Does your community have at least one DME provider?	Yes	No
2. If your community does not have a DME provider for older and disabled adults, are there providers in neighboring communities or counties that could provide services?	Yes	No
3. Does your community have a program that will rent DME to consumers who prefer not to buy equipment or who will only need DME for a limited amount of time?	Yes	No
4. Does your community have a DME program that offers free loans of DME for consumers with limited income (i.e. churches, DSS, senior citizen agencies, etc.)?	Yes	No
OVERALL EXISTENCE RATING	1	2 3 4 5

B. ADEQUACY

Are these services in sufficient supply for those who need it?

<p>10. Is there a waiting list for DME for older and disabled adults?</p> <p>If so, how many people are waiting?</p> <p>Why is there a waitlist (ex. lack of funding, no provider)?</p> <p>(Is there a waiting list only for the free or rental loan programs? If there is no waiting list, is it because everyone who needs DME can get it, providers do not keep waiting lists, etc.?)</p>	Yes	No			
<p>2. To what extent do adults have choices in your community as to DME providers?</p> <p>(How many DME providers are there in your community? Do they offer similar DME products or do they offer more specialized DME products? Are there any urban areas and large rural areas that are more than 20 miles from a DME provider?)</p>	1	2	3	4	5
<p>3. To what extent do providers offer a broad spectrum of DME services, i.e. rehab equipment, oxygen, home care supplies, enteral products, etc.?</p>	1	2	3	4	5
<p>4. To what extent are programs in place in your community to assist older and disabled adults who do not qualify for insurance or other third-party reimbursement for DME?</p> <p>(What funds or programs are available to assist those needing financial assistance? Is there a waitlist for assistance? If so, what is the average waiting time? What types of DME are covered by the program?)</p>	1	2	3	4	5
<p>5. To what extent are the available DME providers enrolled with Medicare and Medicaid? To what extent are the preferred providers with other payers?</p>	1	2	3	4	5
OVERALL ADEQUACY RATING	1	2	3	4	5

C. ACCESSIBILITY

How obtainable are these services for those most in need?

<p>1. To what extent is home-delivery of DME available for those without access to transportation and/or who are unable to leave the house?</p> <p>(Is access available? Are there any fees associated with transporting equipment? How long does it take the equipment to reach the client? Is there any type of equipment that can't/will not be delivered?)</p>	1 2 3 4 5
<p>2. How adequate are the outreach/marketing programs conducted by DME providers?</p> <p>(What types of public information is available about DME loans and public or not-for-profit DME assistance programs? Is there adequate advertisement of the availability of for-profit DME for rent or sale in your community?)</p>	1 2 3 4 5
<p>3. To what degree does the general public know about available DME services?</p> <p>(Does the general public know where to go to buy or rent DME? Do low-income older and disabled adults in your community know where to find assistance with DME? Do professionals and service providers know where to refer people for DME sales, rentals, and loans? What % of inquiries at public and not-for-profit DME programs are self-referred?)</p>	1 2 3 4 5
<p>4. To what extent do key referral sources (ex. Physicians, discharge planners, care managers, etc.) know about DME programs in your community?</p> <p>(What % of calls to public and not-for-profit DME programs are referred from key referral sources? Are the referrals appropriate?)</p>	1 2 3 4 5
<p>5. To what degree are the DME providers' physical facilities accessible to people with disabilities?</p> <p>(Are the providers' facilities handicap accessible? Are they located on public transportation routes?)</p>	1 2 3 4 5
<p>6. How timely do DME providers deliver equipment once it is ordered by an individual or physician?</p> <p>(Will the DME provider deliver the equipment on the same day as it is ordered by the individual or physician? Or within 24 hours? 48 hours?)</p>	1 2 3 4 5

<p>7. If equipment is not “in stock,” how timely can a provider order and receive that piece of equipment?</p> <p>(Does the provider have sufficient access to various manufacturers’ products in order to provide the variety of equipment needed for specific functional needs?)</p>	<p>1 2 3 4 5</p>
<p>8. To what extent are the hours of operation convenient for older and disabled adults needing services as well as their caregivers and/or family?</p> <p>(What are the hours of operation for each of the public and not-for-profit DME providers? Are there any after hours/weekend numbers posted? If so, for what services? What are the hours of the for-profit providers?)</p>	<p>1 2 3 4 5</p>
<p>9. To what extent do DME providers have 24 hour accessibility for emergencies?</p>	<p>1 2 3 4 5</p>
<p>OVERALL ACCESSIBILITY RATING</p>	<p>1 2 3 4 5</p>

D. EFFICIENCY AND DUPLICATION OF SERVICES

How reasonable are the costs of services?

Are options for streamlining services available in the community?

<p>1. How reasonable are the costs of DME in your community?</p> <p>(What is the average retail price of the most commonly used DME products, such as wheelchairs, walkers, quad canes, hospital beds, and bedside toilets? How does this compare to state and similar county averages? Are there discounted prices and sliding scale fees? What are the average rental fees for the most commonly used items? How does this compare to state and similar county averages? Are there discounted prices and sliding scale fees?)</p>	<p>1 2 3 4 5</p>
<p>2. To what extent do for-profit providers refer low-income older and disabled adults to public and not-for-profit DME programs in your community?</p>	<p>1 2 3 4 5</p>
<p>3. If DME being used by a client needs to be repaired or replaced, how user-friendly and timely is the process for obtaining replacements?</p> <p>(What are the return/repair policies of for-profit providers? Does the amount change if the equipment is kept longer? Are there deposit fees? What are the replacement and/or repair options among public and/or not-for-profit providers? How do they cover the costs of equipment repair and replacement?)</p>	<p>1 2 3 4 5</p>
<p>OVERALL EFFICIENCY AND DUPLICATION RATING</p>	<p>1 2 3 4 5</p>

E. Equity

How available are these services to all who need them without bias?

<p>1. To what degree are DME services available to all populations in your community without bias?</p> <p>(What are the demographic characteristics of DME consumers? How do they relate to the county demographics for older/disabled adults?)</p>	1 2 3 4 5
<p>2. To what extent are DME services similar for both subsidized and private pay consumers?</p> <p>(Is there a significant difference in equipment by commercial establishments vs. what can be borrowed or rented at subsidized rates from public and/or not-for-profit providers?)</p>	1 2 3 4 5
<p>3. Do DME providers in your community offer bariatric (extra-wide) wheelchairs, hospital beds, and other equipment available for large patients?</p>	Yes No
<p>4. If there is a waiting list for public or not-for-profit DME programs, how sufficient is the system in place for prioritizing consumers in terms of need?</p> <p>(What are the DME provider policies regarding the order in which consumers are served?)</p>	1 2 3 4 5
<p>5. Are drugstores and other for-profit DME outlets as readily available in minority neighborhoods in your community?</p>	Yes No
<p>6. How sufficient are the providers' nondiscrimination policies?</p> <p>(What are the providers discrimination policies? Do their policies re. Discrimination that differ from federal and state laws?)</p>	1 2 3 4 5
<p>OVERALL EQUITY RATING</p>	1 2 3 4 5

F. Quality/Effectiveness

How successful are these services in addressing consumers' needs?

<p>1. To what extent do public and not-for-profit DME providers survey consumers and their families to determine satisfaction with services?</p> <p>(What customer satisfaction surveys, focus groups, comment cards, or other means of getting consumer input have been conducted by public and not-for-profit DME providers in the past 5 years? What were the major findings?)</p>	<p>1 2 3 4 5</p>
<p>2. To what extent do public and not-for-profit DME providers have special quality assessment or improvement efforts underway?</p> <p>(What customer service outcomes, process measures, QA, and product evaluations have been employed by DME providers in the past 5 years, other than client satisfaction surveys?)</p>	<p>1 2 3 4 5</p>
<p>3. To what extent do the providers act on consumers' feedback?</p> <p>(Have any program/policy changes been implemented as a direct result of client feedback?)</p>	<p>1 2 3 4 5</p>
<p>4. How sufficient is the complaint resolution process?</p> <p>(Have there been any complaints to the Better Business Bureau, lawsuits, or other indicators of dissatisfaction with the for-profit DME providers in your community? What are the public and not-for-profit DME providers' procedures for handling complaints? How many complaints were logged by public and not-for-profit DME providers last year? Were all resolved sufficiently?)</p>	<p>1 2 3 4 5</p>
<p>5. To what extent are complaints considered during planning, program development, or quality improvement efforts?</p> <p>(What policy/program changes have been made as a direct result of complaints?)</p>	<p>1 2 3 4 5</p>
<p>6. How sufficient is the education/training offered to older and disabled adults and their family/caregivers on the proper use of DME?</p> <p>(What educational instruction/training materials do DME providers issue to consumers? How readable is the material? Are materials available in large-print? Braille? In languages other than English?)</p>	<p>1 2 3 4 5</p>

Does someone demonstrate the equipment and/or observe the client using it, when appropriate? What information do these providers supply to consumers and other providers about returning equipment? About safety issues?	
7. To what extent do the providers have trained, certified, or licensed staff members for assisting with choice of appropriate equipment, measuring for size-appropriate equipment, delivery, set-up and home use of equipment?	1 2 3 4 5
8. How sufficient are the DME providers' processes for helping ensure that older and disabled adults only receive DME that is medically necessary (to minimize out-of-pocket costs to consumers) and/or will enhance consumers' quality of life? (How many/what type of complaints have been reported about high pressure approaches to the sale of DME? Have there been fraud complaints?)	1 2 3 4 5
9. To what extent do public and not-for-profit DME providers regularly communicate unmet needs to county commissioners, planning, and other agencies? (Are the providers attending any community meetings? Do they address the DME needs of older and disabled adults? Do for-profit providers support the need for public programs, including loans and subsidies for purchase?)	1 2 3 4 5
10. If physician authorization is required to obtain DME (such as when Medicare is paying for DME), to what extent can physician authorizations be obtained in a timely manner? (What is the process for receiving DME authorization from a physician for Medicaid/Medicare? What is the average time needed to obtain authorization?)	1 2 3 4 5
OVERALL QUALITY/EFFECTIVENESS RATING	1 2 3 4 5

Recap of Overall DME Services Ratings					
Existence	1	2	3	4	5
Adequacy	1	2	3	4	5
Accessibility	1	2	3	4	5
Efficiency and Duplication	1	2	3	4	5
Equity	1	2	3	4	5
Quality/Effectiveness	1	2	3	4	5

DME Services' Major Strengths:

Identified Barriers and Areas for Improvement: